

EXHIBIT F – CONTRACTOR BIDDER FORM – FREELANCE INTERPRETER BID

CONTRACTOR BIDDER FORM

FREELANCE INTERPRETER BID

BIDDING

FIRST TIME/NEW BID	<input type="checkbox"/> YES <input type="checkbox"/> NO
RENEW CONTRACT	<input type="checkbox"/> YES <input type="checkbox"/> NO
CHANGE OF INFORMATION*	<input type="checkbox"/> YES <input type="checkbox"/> NO

Change of information listed on this form must be reported by awarded contractors, through submitting a new bidding form, to ODHH within 10 days of the change.

INTERPRETER INFORMATION

Interpreter Name		Social Security Number	
Mailing Address		Date of Birth (MM-DD-YYYY)	
Mailing City, State and Zip Code		County	
Physical Address (if not same as Mailing Address)			
Physical City, State and Zip Code (if not same as Mailing Address)		County	
1 st Telephone #: ()	- Voice/TTY	<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
2 nd Telephone #: ()	- Voice/TTY	<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
3 rd Telephone # ()	- Voice/TTY	<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
Email address:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager	
Email address:		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Pager	
Website Address:			

AVAILABILITY

The sign language interpreter services are available as follows: (Check all that apply):

<input type="checkbox"/> Days; 8 am – 5 pm; Monday – Friday	<input type="checkbox"/> 24/7; 24 hours / 7 days every week
<input type="checkbox"/> Nights; 5 pm – 12 am; Monday – Friday	<input type="checkbox"/> Emergencies – 1 hour notice/confirmation
<input type="checkbox"/> Weekends; 12 am Sat – 8 am Monday	<input type="checkbox"/> Holidays

If providing Nights, Weekends, 24/7, Emergencies interpreter services, provide scheduling information:

Telephone #: ()	- Voice/TTY	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager <input type="checkbox"/> Fax
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BIDDING BY REGION(S) / COUNTY(IES)

If bidding on entire region, indicate below by marking the space indicated for the entire Region;
 If not bidding on entire region, indicate which county(ies) within region(s) you are bidding on below by marking the space indicated for individual county(ies); for bid region must be residing in that region.

Region 1 _____ Adams _____ Chelan _____ Douglas _____ Ferry _____ Grant _____ Lincoln _____ Okanogan _____ Pend Oreille _____ Spokane _____ Whitman _____	Region 2 _____ Asotin _____ Benton _____ Columbia _____ Franklin _____ Garfield _____ Kittitas _____ Walla Walla _____ Yakima _____
Region 3 _____ Island _____ San Juan _____ Skagit _____ Snohomish _____ Whatcom _____	Region 4 _____ King _____
Region 5 _____ Kitsap _____ Pierce _____	Region 6 _____ Clallam _____ Clark _____ Cowlitz _____ Grays _____ Harbor _____ Jefferson _____ Klickitat _____ Lewis _____ Mason _____ Pacific _____ Skamania _____ Thurston _____ Wahkiakum _____

MINORITY WOMEN BUSINESS ENTERPRISE – OPTIONAL

Purchasing goals from MWBE vendors for sign language interpreter services have been established.
 Are you a MWBE bidder? ☐ YES ☐ NO If Yes, certification # _____ and attach a proof of certification copy. To obtain MWBE certification, contact OMWBE at 360-753-9693

MINIMUM QUALIFICATIONS

For freelance interpreter to be eligible to bid on this contract, bidding interpreter must:

- Be a RID or NAD certified interpreter; ☐ YES ☐ NO
- Be able to provide sign language interpreter services with the competency and proficiency for each appointment; ☐ YES ☐ NO
- Have the ability to appropriately match the communication needs of the customer with the interpreting skills and the appointment situation/setting; ☐ YES ☐ NO
- Be licensed to do business in the State of Washington; ☐ YES ☐ NO
- Be residing in the region that is/are bid; ☐ YES ☐ NO
- Be able to serve the entire county(ies)/region(s) that is/are bid; ☐ YES ☐ NO
- Have the ability to communicate as requested, with DSHS via telephone, email, facsimile, and/or pager and if indicated, communicate during nights, weekends, holidays and emergencies; ☐ YES ☐ NO
- Have the ability to provide advance confirmation of availability to interpret at appointments; ☐ YES ☐ NO
- Have the ability to immediately notify the requester if unable to fill an appointment, going to be late or cannot find a replacement; ☐ YES ☐ NO
- Be willing to obtain the required amounts of insurance, after contract award, as outlined in this RFQQ; ☐ YES ☐ NO
- Be willing to complete a Background Authorization Form; ☐ YES ☐ NO
- Provide documentation regarding the certification level who may provide sign language interpreter services under this contract; ☐ YES ☐ NO
- Be willing to ensure that interpreter is registered and approved with ODHH; ☐ YES ☐ NO
- Be willing to sign and date ODHH registration form verifying all statements have been read, understood, and agreed to; ☐ YES ☐ NO
- Be aware of and adhere to the RID Code of Professional Conduct and the DSHS Code of Professional Conduct; ☐ YES ☐ NO

Attend mandatory orientation; ☐ YES ☐ NO

Be willing to comply with the Sign Language Interpreter requirements section in the Statement of Work; ☐ YES ☐ NO

Comply with all specific requirements covered under this contract (General & Special Terms and Conditions and the Statement of Work; ☐ YES ☐ NO

Have the ability to appropriately match the communications needs of the consumer with the interpreting skills and the appointment situation/setting; ☐ YES ☐ NO

This section includes MEDICAL ASSISTANCE ADMINISTRATION (MAA) specific requirements.

Be willing to obtain a Provider Number. Necessary form will be provided at Orientation; ☐ YES ☐ NO

Coordinate the appointment dates and times with the client as agreed to by the medical provider(s) and DSHS client; ☐ YES ☐ NO

Be willing to follow MAA's required procedures for calculating billing units; ☐ YES ☐ NO

Be willing to indicate a Performing Provider Number (PPN) as an interpreter on the "Request for Sign Language Interpreter" form. A PPN will be assigned to interpreter prior to payment by MAA for services provided by the interpreter; ☐ YES ☐ NO

If your agency does not meet the above minimum qualification requirements, as stated herein, your bid will be rejected as non-responsive.

AGREEMENT

I understand I must register and be approved through the Office of the Deaf and Hard of Hearing before I can accept any interpreting assignments requested by DSHS administration(s)/division(s) to provide interpreting services.

- ☐ I certify that the information which has been provided is true to the best of my knowledge.
- ☐ I have read / understand the current and revised RID Code of Ethics and agree to abide by it.
- ☐ I have read / understand the DSHS Code of Professional Conduct and agree to abide by it.
- ☐ I understand information will be on the DSHS website and Directory of Interpreters.
- ☐ I am a state employee and I am in compliance with DSHS Personnel Policy 531 "Employees Holding Outside Employment".

I understand that if any of the information provided above is found to be false, it may preclude me from providing services under this contract. This document is signed and sworn under penalty of perjury. I certify that the above information is true and correct.

Signature of Owner/Executive Director

Date (mm/dd/yyyy)

